

EXHIBIT C

UTILITY CART TRAINING RECORD

I _____(print name) completed utility cart training on
_____(date). I have received a copy of the Utility Cart Policy and agree
to comply with all provisions of the policy. I understand that if I violate the terms of the
policy, I may lose the right to operate a utility cart and/or be subject to discipline, up to
and including termination.

_____(Signature of Employee)

_____(Signature of Supervisor or Trainer)

Date: _____

Copy to be maintained by the Director of Business and Auxiliary Services